

GENERAL FACT SHEET

BILL NUMBER 12R-149

BRIEF TITLE	APPROVAL DEADLINE	REASON
Elevator Maintenance, Service and Testing - StarTran, Bid No. 3981		Multiple Year Contract - 4 years

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Multi-year contract for Elevator Maintenance, Service and Testing - StarTran, Bid No. 3981 for a period of four (4) years (June 9, 2012 through June 8, 2016) with an option to renew for an additional four (4) year period. This service will be used by StarTran with an estimated cost of \$4,640.00 for the four (4) year period.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	Public Works & Utilities - StarTran
	Applicants/Proponents	<p>Applicant:</p> <p>Purchasing</p> <p>City Department:</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS**POLICY/PROGRAM IMPACT**

Multi-year contract for Elevator Maintenance, Service and Testing - StarTran, Bid No. 3981 for a period of four (4) years (June 9, 2012 through June 8, 2016) with an option to renew for an additional four (4) year period. This service will be used by StarTran with an estimated cost of \$4,640.00 for the four (4) year period.	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
BENEFIT COST			
<input type="checkbox"/> Front Foot Assessment Average			
<input type="checkbox"/> Square Foot		\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER